

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED FEB 14 1941

2203

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 171
(b) Township Kaytonville Primary Registration District No. 4100
(c) City Kaytonville (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. WALTER DAVIS St. 0 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Porter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1870
7. AGE YEARS 70 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) March 1935 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Layafette Co. D. Missouri

13. NAME Ransom Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Loelia Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Eliza Davis
Kaytonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Porters Chapel Jan 23, 41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Andley
Glasgow Mo. 4

20. FILED 157 157 Mo Ray Sander
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1941

22. I HEREBY CERTIFY That I attended deceased from 1-19-41, 19....., to 1-21-41, 19.....

I last saw him alive on 1-21-41, 19..... Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer of prostate Date of onset 51

Other contributory causes of importance: nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Ralph Carhart D.D., M. D.

(Signed) Ralph Carhart D.D., M. D.

(Address) Kaytonville Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

J. Walker Cuddeley, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. *3336*

P. O. Address *Glasgow, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.